Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					Complete if Known				
FEE TRANSMITTAL				Applio	Application Number		10/542,127		
				Filing	Filing Date		12/20/2005		
For FY 2008				First 1	First Named Inventor Yamini Bl		hushan Tripathi	ushan Tripathi	
Applicant claims small entity status. See 37 CFR 1.27				Exam	Examiner Name Chris		Christopher Robin Tate		
					Art Unit 1655				
TOTAL AMOUN	T OF PAYME	NT (\$)	t part on a series of the seri	Attorr	iey Docket	4544 - 052	2144		
METHOD OF PA	YMENT (check	c all that apply)						
Check	Credit Card	Money O	rder N	one	Other (please id	entify):			
Deposit Acco	ount Deposit A	count Number:	23-0650		Deposit Accour	t Name:		Managan (2004)	
For the a	bove-identified	deposit accour	nt, the Director	is hereby	authorized to: (c				
	harge fee(s) indic			C C - (-)	Charge fe	e(s) indicated	below, except for the	filing fee	
	harge any addition ader 37 CFR 1.16		iderpayments of	r ree(s)	✓ Credit any	overpayment	ts	- 1.	
WARNING: Information and author			Credit card infor	mation shou	ld not be included o	n this form. Pr	ovide credit card		
FEE CALCULAT		Mariana marina da la salata da	due upon filin	g or may	be subject to a	surcharge.)			
1. BASIC FILIN		and the comment of the second			Maria de la compania	A CONTRACTOR OF THE PARTY OF TH			
	FILING FEES SEARCH FEES EXAMINATION FEES								
		Small Entity		all Entity		Small Entity			
Application T		<u>Fee (\$)</u>		Fee (\$)	<u>Fee (\$)</u>	Fee (\$)	Fees P	<u>aid (\$)</u>	
Utility	310	75	510	255	210	105			
Design	210	105	100	50	130	65	•		
Plant	210	105	310	155	160	80	***************************************		
Reissue	310	155	510	255	620	310	www.commons.com		
Provisional	210	105	0	0	0	0	***************************************		
2. EXCESS CLA	IM FEES							Small Entity	
Fee Description	n (inabudina Dai						Fee (\$)	<u>Fee (\$)</u> 25	
Each claim over 20 (including Reissues) 50 Each independent claim over 3 (including Reissues) 210								105	
Multiple dependen		ordanig reorda	103)				370	185	
Total Claims	- 20 or HP	Extra Cla	<u>iims Fee</u>	(\$)	Fee Paid (\$)			ependent Claims	
	-	_	x				<u>Fee (\$)</u>	Fee Paid (\$)	
HP = highest numb	er of total claims p	aid for, if greater	than 20.				***************************************		
Indep. Claims	<u>-3 or HP</u>	Extra Cla	***************************************	e (\$)	Fee Paid (\$)				
HP = highest numb	er of independent of	= laims paid for, if	greater than 3.						
37 CFR 1 See 35 U. Total Sheets	cation and drawi .52(e)), the appl S.C. 41(a)(1)(G Extra	ication size fee) and 37 CFR <u>Sheets</u>	e due is \$260 (\$1.16(s). Number of	\$130 for si	ing electronically mall entity) for e itional 50 or fra d up to a whole nu	ach additiona		gs under h thereof. Fee Paid (\$)	
		/ 30		(10011)	. up to a whole hu		x		
4. OTHER FEE(S) Specification,	\$130 fac /	no small entity	discount)				Fees Paid (\$)	
Other (e.g.,	180.00								
Onioi (c.g.,	.a.o ming surell	P-\\-\- ID9 - 9	100					100.00	
SUBMITTED BY	· , , , , , , ,	7							
Signature	Ni	1_/	40-		egistration No. attorney/Agent	22,132	Telephone 412-4	471-8815	
Name (Print/Typ	ne) William	H. Logsdon	0				Date Febru	ary 7, 2008	